

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09773503	FILING DATE 02-07-01			
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	/						51			
2		/					52			
3		/					53			
4	/						54			
5		/					55			
6		/					56			
7	/						57			
8		/					58			
9		/					59			
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11		/					61			
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34	/						84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	8		J		J	J	TOTAL IND.			
TOTAL DEP.	26	J	J	J			TOTAL DEP.	J	J	J
TOTAL CLAIMS	34						TOTAL CLAIMS			

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